

only one dissection of the lumbar vertebrae to convince one that the needle should be inclined inward and upward in only the slightest degree.

Had the author warned against the incision extending into the areolar tissue around the nipple, in treatment of abscess of the breast, many unsightly scars would have been prevented. Grasping the tip of the appendix with forceps, referred to on page 905, is a common and bad practice. We have seen cases where if the appendix had been grasped by forceps a clean operation would have been converted into a pus case, owing to the presence of a small abscess in the tip of the appendix. It is just as effective to grasp the meso-appendix at its free border close to the appendix.

The advice to "scour the breast and nipple" is very dangerous. There are too many young surgeons who scour the operative field. The process of scouring has caused many infections. Operative fields should be very gently cleansed, keeping in mind that harsh rubbing and stiff brushing rob the tissues of just the thing upon which we must depend, that is, their natural defense against the action of the bacteria that remain even after the best surgical cleansing. "Antimesenteric," page 910, and "undisarticulated," page 462, must be original with the author. They are very poor words. The author stated in the preface that he would give credit to those who worked out operations by mentioning their names when known. Evidently many have not come under his notice.

The many headings in such bold type may add to the value of the book, but they tend to produce a newspaper effect. The chapter on bone grafting is treated in too little detail. We should like to know how the author "sterilizes collodion." One might as appropriately speak of sterilized iodine. The surgery of the brain and that of the abdomen are very well written. These articles alone would make the book a commendable one. The composition of the book reveals much intelligent and painstaking effort. With its up-to-date effect, and concise explanation of facts, it should be in every surgical library. The work includes all surgery of the body from the eyes and ears to that of the feet. This, to be sure, makes details impossible, and causes many fields to be briefly treated, yet the author's tact has made it possible for him to express valuable ideas on all subjects.

The criticisms we have made are fewer than might be made of any volume of this kind that we have read. We think this is the best one-volume operative surgery to be obtained. H. E. C.

Facial Spasm and Tic, Diagnosis and Treatment.

Monthly Cyclopaedia, January, 1910. Tom A. Williams, M. B., C. M. (Edinr.), Washington, D. C.

This is a practical paper pointing out when surgery should and when it should not be used in "spasmodic" disorders of the face and neck. The author explains why torticollis has been the despair of the surgeon. It is because the great majority of these cases are purely psychogenetic. Cases of his own and of others are reported in illustration. The mode of genesis of the affection, the diagnostic differential, are indicated, and finally the psychotherapeutics required is alluded to. The principal criteria are in the form of a table which follows:

Spasm—Sudden, resembling electrical stimulation. Rhythmic and synchronous, or in lightning waves of same movement. Muscles often enfeebled. Exaggeration of reflex concerned only. Distribution of peripheral nerve. Often painful, always distressing, no craving. Persists in and may interrupt sleep. Purposeless. Irreproducible voluntarily, unmodified by volition or emotion. Various etiology, but gen-

erally peripheral irritation, e. g., trigeminal neuralgia (which is not a true tic).

Tic—Brusque and brief, slower. In volleys of similar movement repeatedly. When tonic distinguished from stereotyped act by absence of catatonic aptitude. No weakness, often hypertrophy. Reflexes normal. Locality condition by an idea. Painless. Tic disappears in sleep. Pseudo-co-ordinate, intentional act. Influenced by emotion or volition, but impulsive and followed by satisfaction, always arrestible (leaving no trace) by a subterfuge, a neutralizing act inefficacious mechanically or physiologically but effective psychically; also variously by solitude, distraction, position, etc. Psychasthenic character. Similar heredity, but always first generated by a determining stimulus; it is the sequel to the unhindered repetition of a once voluntary purposive act, becoming an impulsive obsession.

Chorea—Still slower. Irregular, not synchronous. Extreme variability in movement with tendency to unilaterality. Myasthenia, hypotonia. Reflexes often modified. Laterality. Sometimes painful. Sleep interfered with. Purposeless. Incontrollable by will, aggravated by emotion. Acute rheumatic diathesis, probably bacterial. No similar heredity.

Cerebellar and rubro-spinal tremor—Not sudden, but regular and increasing by movement. Similar oscillations. Myasthenia, hypotonia, or the reverse. Reflexes increased. Laterality or not. Never painful. Disappears in sleep. Purposeless. Cease at rest. Various, neoplasm.

In conclusion, some cases of hysterical origin are cited which exemplify the need (elsewhere discussed at length by the writer) Arch. of Diagnosis, Jan., 1909 of distinguishing between that psycho-neurosis (which is only occasionally the cause of tic), and the much more frequent affection, the psychasthenia of Janet, which is by far the commonest cause of the spasmoid movements or attitudes to which the term tic should be confined. The outstanding feature of these cases is the psychological abnormalities revealed by a skillful anamnesis. These may reach the point of angoisse when determined voluntary efforts are made to suppress the tic; but as Meige has shown, skillful psycho-motor discipline can practically eventually remove even the most obstinate tics.

A Practical Treatise on Ophthalmology. By L. Webster Fox, M. D., LL. D. Professor of Ophthalmology in the Medico-Chirurgical College; Ophthalmic Surgeon in the Medico-Chirurgical Hospital, Philadelphia, Pa., Member of the Army Reserve Medical Corps, etc. With Six Colored Plates and Three Hundred Illustrations in Text. Publisher, D. Appleton & Co., New York and London; 1910.

Beginning with a short but comprehensive chapter on the development of the eye, the author reviews the anatomy and external examination in a clear and lucid manner.

The diseases of the eyelids occupy fifty pages odd and practically every interesting condition is illustrated by an original drawing of one of the author's own cases. It is interesting and refreshing to have a text-book which is really personal and human, an individual's experience and recommendations, not a rehash of former methods. The operations are described following each condition, which imparts to the work an added value from a coherent standpoint.

The extirpation of the lachrymal sac is thoroughly described and well illustrated. Fuch's method is recommended, and in that I heartily concur. While an assistant at Professor Fuch's clinic in Vienna the extirpation of the lachrymal sac was practiced extensively, as the material was far too great to admit